

HCI

National Mobile Health Programs

Reynolds Consumer Products

Jacksonville, IL

SSN

Last Name

First Name M.I.

Sex DATE OF BIRTH

Dept. PEP X

1 X PREEMP 2 X BASELINE
2 Annual 4 REHIRE/RECALL
5 TERMIN 6 RETIREMENT
7 ReTest 8 X Powered Industrial
Truck Assessment

External Canal

Cerumen Infection R L R L

500 1000 2000 3000 4000 6000 8000

LEFT EAR

500 1000 2000 3000 4000 6000 8000

RIGHT EAR

Work History

Fill in applicable blanks and check appropriate box

NAME OF YOUR PRESENT JOB
NAME OF YOUR PRESENT DEPT.
NUMBER OF YOUR PRESENT DEPT.
JOB CLASSIF. (IF EXISTING)
D=DAY A=AFT. M=MIDN S=SPECIAL

TOTAL NO. YEARS WORKED FOR THIS COMPANY

TOTAL NO. YEARS ON PRESENT JOB

YES NO HAVE YOU BEEN AWAY FROM YOUR JOB NOISE 14 TO 16 HOURS?

YES NO DO YOU REGULARLY WEAR EAR PLUGS OR MUFFS WHILE AT WORK?

COMMENTS

Hearing History

Check YES or NO for each of the following questions

YES NO

1. EITHER PARENT OR GRANDPARENT WITH HEARING TROUBLE BEFORE AGE 50?

2. RINGING IN EARS AFTER WORK?
3. EARACHES, EAR INFECTIONS OR DRAINAGE FROM EARS MORE THAN ONCE PER YEAR?

4. BAD COLD OR FLU TODAY?
5. FREQUENT ALLERGY, ASTHMA, SINUS ATTACKS?

6. TROUBLE HEARING?

7. HAVE YOU EVER HAD EAR SURGERY
8. HAVE YOU EVER HAD EAR INJURY?

9. DO YOU WEAR A HEARING AID?

MOTORCYCLES / ATVs / 4-WHEELERS
MUSICIAN / LOUD MUSIC
FARM / OPER. HEAVY MACHINERY
PRIV. FLYING / CAR RACING
HUNTING/SHOOTING
POWRBOATING / WATERSKIING
MILITARY SERVICE

dB TWA

87

Noise Exp. Code

AUDIOMETRIC Tech TO WRITE BELOW HERE
X AUTO MAN

TEST SITE
Jacksonville

TEST DATE

APR 24 2023 9:00 AM PM

TECH NAME

TECH CERT #

LAST CALIBR.

3/16/2023

MO DAY YR

RA / 500

MODEL #

992548

SERIAL #

Employee Signature

Drum
Perforation Redness
Normal

HCI

National Mobile Health Programs

Reynolds Consumer Products

Jacksonville, IL

Social Security Number

GENDER MO. DAY YEAR

Dept.

1 X PREEMP 2 X BASELINE
2 Annual 4 REHIRE/RECALL
5 TERMIN 6 RETIREMENT
7 Retest 8 X Powered Industrial
Truck Assessment

External Canal
Cerumen Infection
R L R L

500 1000 2000 3000 4000 6000 8000
LEFT EAR

Work History
Fill in applicable blanks and check appropriate box

NAME OF YOUR PRESENT JOB
NAME OF YOUR PRESENT DEPT.
NUMBER OF YOUR PRESENT DEPT.
JOB CLASSIF. (IF EXISTING)
D=DAY, A=AFT, M=MIDN, S=SPECIAL

TOTAL NO. YEARS WORKED FOR THIS COMPANY
TOTAL NO. YEARS ON PRESENT JOB

YES NO HAVE YOU BEEN AWAY FROM YOUR JOB NOISE 14 TO 16 HOURS?

YES NO DO YOU REGULARLY WEAR EAR PLUGS OR

MUFFS WHILE AT WORK?

COMMENTS

500 1000 2000 3000 4000 6000 8000
RIGHT EAR

Hearing History
Check YES or NO for each of the following questions

YES NO

1. EITHER PARENT OR GRANDPARENT WITH HEARING TROUBLE BEFORE AGE 50?
2. RINGING IN EARS AFTER WORK?
3. EARACHES, EAR INFECTIONS OR DRAINAGE FROM EARS MORE THAN ONCE PER YEAR?
4. BAD COLD OR FLU TODAY?
5. FREQUENT ALLERGY, ASTHMA, SINUS ATTACKS?
6. TROUBLE HEARING?
7. HAVE YOU EVER HAD EAR SURGERY?
8. HAVE YOU EVER HAD EAR INJURY?

9. DO YOU WEAR A HEARING AID?
RIGHT LEFT
RIGHT LEFT

SNOWMOBILES / MOTORCYCLES
MUSICIAN / LOUD MUSIC
FARM / OPER. HEAVY MACHINERY
PRIV. FLYING / CAR RACING
HUNTING/SHOOTING
POW/BOATING / WATERSKIING
MILITARY SERVICE

dB TWA

87

Noise Exp. Code

AUDIOMETRIC Tech TO WRITE BELOW

HERE X AUTO MAN

TEST SITE Jacksonville

TEST DATE

ACTUAL HOUR 9:20 AM PM
TECH NAME

TECH CERT #

LAST CALIBR. 3/16/2023
MO DAY YR
RA / 500
MODEL #

992548
SERIAL #

Employee Signature